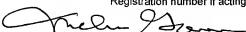


| | | | |
|---|----------------------------------|---|----------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Docket Number (Optional) 00597/0200639-USO | |
| Application Number | 10/735,181-Conf. #2581 | Filed | December 12, 2003 |
| For MEDICINE WRAPPING MACHINE, MEDICINE WRAPPING SHEET, AND DIVIDED WRAPPING BAG | | | |
| Art Unit | 3728 | Examiner | L. K. Bui |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | Fee | Small Entity Fee |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$120 | \$60 \$ 120.00 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$460 | \$230 \$ _____ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1050 | \$525 \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$1640 | \$820 \$ _____ |
| <input type="checkbox"/> | | \$2230 | \$1115 \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100. I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>26,272</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 CFR 1.34 _____ | | | |
|  _____ Signature | | _____ November 12, 2007 Date | |
| _____ Melvin C. Garner Typed or printed name | | _____ (212) 527-7717 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted. | | | |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: _____ Signature: _____ (Melvin C. Garner)